

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90025 025 \*\*\*150.00

**DOCUMENT # P98000017091**  
 1. Entity Name  
**MOSKVICH-SERVICE, INC.**

Principal Place of Business 132 NE 1ST AVE HALLANDALE FL 33009 US	Mailing Address 132 NE 1ST AVE HALLANDALE FL 33009-4204 US
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2. Principal Place of Business <b>934 N.E. 26 AVE.</b>	3. Mailing Address <b>934 NE. 26 AVE.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>HALLANDALE FLA.</b>	City & State <b>HALLANDALE FLA</b>	4. FEI Number <b>65-0817112</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33009</b>	Country <b>U.S.A.</b>	Zip <b>33009</b>	Country <b>U.S.A.</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**AMERILAWYER**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD SEMENTSOV, ANDREY V 132 NE 1ST AVE HALLANDALE FL 33009</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MOSS, LAWRENCE 132 NE 1ST AVE HALLANDALE FL 33009</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>934 NE. 26 AVE. HALLANDALE FLA. 33009</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>934 N.E. 26 AVE HALLANDALE FLA. 33009</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **03/07/2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR